



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of Donald NELSON et al.

Serial No.:

09/912,434

Examiner:

Chante E. Harrison

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Art Unit:

2672

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For:

**GRAPHICAL OBJECT INTERACTIONS** 

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## TRANSMITTAL OF DOCUMENTS

Enclosed are the following for the above-identified application:

- Reply and Amendment Under 37 C.F.R. 1.111 [x]
- Petition for Extension of Time П
- Information Disclosure Statement Transmittal [x]
- Information Disclosure Statement [x]
- PTO/SB/08 (1 of 2) and copies of 41 cited references [x]
- [x]PTO/SB/08 (2 of 2) (references cited from parent application not enclosed)
- Return receipt postcard [x]
- Check in the amount of \$180.00 [x]

The fees have been calculated as shown below:

Application Serial No.: 09/912,434 Attorney Docket No.: IMMR-058/00US

Page 2

| FOR:   | Claims<br>after -<br>Amend. | Claims<br>Prev: =<br>Paid | Extra<br>Claims <sup>1</sup> | Small<br>Rate | Entity<br>Fee | Other<br>à<br>Small<br>Rate | Entity | Total<br>Claim<br>Fee |
|--|-----------------------------|---------------------------|------------------------------|---------------|---------------|-----------------------------|--------|-----------------------|
| Total Claims                                       | 19                          | 20                        | 0                            | \$9           |               | \$18                        |        | \$0.00                |
| Independent<br>Claims                              | 3                           | 3                         | 0                            | \$42          |               | \$84                        |        | \$0.00                |
| Multiple Dependent Claims Not Previously Presented |                             |                           |                              |               | \$140         |                             | \$280  | \$0.00                |
| Other fees: (specify) IDS Fee                      |                             |                           |                              |               |               |                             |        | \$180.00              |
| TOTAL  |                             |                           |                              |               |               |                             |        | \$180.00              |

If difference is negative, enter "0"; if Total Claims after amendment is 20 or less, enter 0; if Independent Claims after amendment is 3 or less, enter 0.

## [x] A check for the total fee is attached.

Please charge \$ to Deposit Account No. 50-1283 for the total fee. This paper is being submitted in duplicate.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R.

§§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-1283.

Dated: September 16, 2003

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